

Birthday Party Request Form			
Customer Portion			
Party Date:		Saturday	Sunday
Party Time:	,	Member: Y or N; #	
Child's Name (Last, First	:):		
Parent / Guardian 1 Nam	ne (Last, First):		
Phone:			
Parent / Guardian 2 Nam	ne (Last, First):		
Phone:			
Number of Guests:		Guests' Age Range	
Cost of 1 hour 15 min. for up to 10 Guests is \$195 (including Birthday Kid); each additional guest is \$14			
,	Sta	aff Portion	
Estimate (\$195 + (# of A	dditional Guests x \$14))	:	
Non-Refundable \$100 Deposit Made		Date:	
Method of Payment	Cash		
	Check	Check #	
	Credit Card	Card #	
Remaining Balance:		Date Balance Due:	
Additional Time (\$50 per 30 minutes):		Date Balance Paid:	
Instructor(s):			
Party Reservation Taker	By (Last, First):		TO STATE OF THE ST
Notes:			